

STUDENT NAME: _____ (PRINT)
Mansfield Middle School German Exchange Program

Emergency contact form to be given to chaperones and host family.

In case of emergency while we are in Germany, we must be able to contact you (or your designee) as quickly as possible, 24 hours a day. Please complete the following & write clearly. For EACH contact, PLEASE CIRCLE THE PHONE NUMBER at which we would most likely reach someone immediately and at all times.

Please include information on **at least one parent or guardian** and **two other adults** who will be reachable while your child is abroad.

I. PARENT/GUARDIAN :

Name _____

Home address _____

Home telephone: (____) _____ Cell phone: (____) _____

This person does/does not work outside the home. Work telephone (____) _____

I. PARENT/GUARDIAN :

Name _____

Home address _____

Home telephone: (____) _____ Cell phone: (____) _____

This person does/does not work outside the home. Work telephone (____) _____

2. Name _____

Home address _____

Home telephone: (____) _____ Relationship to student _____

Cell phone: (____) _____

This person does/does not work outside the home. Work telephone (____) _____

3. Name _____

Home address _____

Home telephone: (____) _____ Relationship to student _____

Cell phone: (____) _____

This person does/does not work outside the home. Work telephone (____) _____

4. Other. Name _____

Home address _____

Home telephone: (____) _____ Relationship to student _____

Cell phone: (____) _____

This person does/does not work outside the home. Work telephone (____) _____